

HAWAII STATE ETHICS COMMISSION

1001 BISHOP STREET, HONOLULU, HAWAII 96813 or P.O. BOX 616, HONOLULU, HAWAII 96809 TEL: (808) 587-0460 FAX: (808) 587-0470 email: ethics@hawaiiethics.org

email: ethics@hawaiiethics.org Web site: www.hawaii.gov/ethics

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LOBBYIST REGISTRATION FORM STATE OF HAWAII

(Type or Print Clearly) PARTI **LOBBYIST** NAME (Last) **TELEPHONE** (First) (Middle) Μ Char 808-543-5865 Susan MAILING ADDRESS (Street) FAX 808-203-1635 P. O. Box 2750 **EMAIL** susan.char@heco.com (City) (State) (Zip Code) Honolulu 96840 Hawaii EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby) **TELEPHONE** MAILING ADDRESS (Street) FAX **EMAIL** (City) (State) (Zip Code)

PART II ORGANIZATIO	ON CONTRACTOR OF THE PROPERTY		
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)		TELEPHONE	
Hawaiian Electric Comp	808-543-5860		
MAILING ADDRESS (Street)		FAX 808-203-1636	
P. O. Box 2750		EMAIL	
(City)	(State)	(Zip Code)	
Honolulu	Hawaii	96840	
NAME OF PERSON RESPONSIBLE	TELEPHONE		
Marcia Wright		808-543-5860	
MAILING ADDRESS (Street)		FAX 808-203-1636	
P. O. Box 2750		EMAIL marcia.wright@heco.com	
(City)	(State)	(Zip Code)	
Honolulu	Hawaii	96840	

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PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY					
	☐ Education	☐ Human Services	Science, Technology & Economic Development		
Communications & Public Utilities	Government Operation & Finance	Intergovernmental Relations, International Affairs	☐ Tourism & Recreation		
Consumer Protection & Cornmerce	Hawaiian Affairs	✓ Labor & Employment	✓ Transportation		
Culture, Arts, Historic Preservation	☐ Health	Planning, Land & Water Use Management	Other: (indicate below)		
Ecology, Energy Environmental Protection	Housing	Public Safety & Corrections			
PART IV CERTIFICATION OF LOBBYIST					
I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.					
Syn M. Co. 1/17/13					
(Signature of Lobbyist) (Date)					
<u> </u>					
PART V AUTHORIZATION TO LOBBY					
NAME	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED				
Molly M. Egged	Secretary				
NAME OF ORGANIZATION (if applicable)			TELEPHONE		
Hawaiian Electric Company			808-543-7738		
MAILING ADDRESS (Street)			FAX		
P. O. Box 2750			EMAIL nolly.egged@heco.com		
(City)	(State)		(Zip Code)		
Honolulu	Hawaii ∄		96840		
I hereby authorize the	above - named person to en	ngage in lobbying activities on	, 1		
Unit	1 90		1/28/13		

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